

Image# 201511169003340799

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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Ann McLane Kuster			2. Candidate's FEC Identification Number HONH02181	
(b) Address (number and street) PO Box 1498		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Concord NH 03302		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate NH 02		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Kuster for Congress, Inc.		
(b) Address (number and street) PO Box 1498		
(c) City, State, and ZIP Code Concord NH 03302		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) Annie Kuster Victory Fund		
(b) Address (number and street) One Park Row 5th Floor		
(c) City, State, and ZIP Code Providence RI 02903		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate Anne McLane Kuster [Electronically Filed]	Date 11/16/2015
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE:This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Friendsgiving Committee

(b) Address (number and street)

PO Box 1174

(c) City, State and ZIP Code

Springfield

VA

22151

DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE:This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP Code

DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE:This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP Code